



1C535 U.S. PTO

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No.

77777.008529

## First Inventor

**Elizabeth R. DYOR.**

**Express Mail Label No.**

## APPLICATION ELEMENTS

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Specification           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>3. <input checked="" type="checkbox"/> Drawings</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from prior appl. (37 C.F.R. § 1.63(d))               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide/Amino Acid Sequence (if applicable)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of said copies</li> </ul> </p>
<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet/document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation</p> <p>10. <input type="checkbox"/> IDS &amp; Form 1449</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>13. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application--Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)</p>	<p><input type="checkbox"/> Copies of Information Disclosure Statement Citations</p>

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

**16. If a CONTINUING APPLICATION,**

Continuation  Divisional  CIP  with \_\_\_\_\_: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

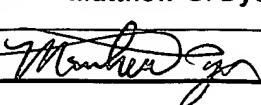
Customer Number of Bar Code Label      or  Correspondence address below

Name	<b>Matthew G. DYOR, Esq.</b>					
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City	<b>Washington</b>		State	<b>DC</b>	Zip	<b>20009</b>
Country	<b>US</b>	Telephone	<b>(703) 408 6937</b>		Fax	<b>(703) 408 6937</b>
Name (Print/Type)	<b>Matthew G. Dyor</b>		Registration No.			<b>45,278</b>
(Signature)					Date	September 16, 2000

# FEE TRANSMITTAL for FY 2000

<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>345.00</b>		Complete if Known	
		Application Number	
		Filing Date	September 18, 2000
		First Named Inventor	Elizabeth R. DYOR
		Examiner Name	
		Group / Art Unit	
Attorney Docket No.	77777.008529		

<b>METHOD OF PAYMENT</b> (check one)		<b>FEE CALCULATION (continued)</b>																																																																																																																					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <input type="text"/>		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Entity Fee (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge – late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>50</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>920*</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>1,840*</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> 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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type) <b>Matthew G. Dyor</b>		Registration No. (Attorney/Agent)	<b>45,278</b>	Telephone <b>(703) 408 6937</b>
Signature 				Date <b>Sept. 18, 2000</b>

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) &amp; 1.27(b))--INDEPENDENT INVENTOR</b>	Docket Number (Optional)
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Applicant, Patentee, or Identifier: \_\_\_\_\_

Application or Patent No.: \_\_\_\_\_

Filed or Issued: **September 18, 2000**Title: **Financial Management System**

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- the specification filed herewith with title as listed above.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern, or organization exists.
- Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Elizabeth R. Dyor

NAME OF INVENTOR



Signature of inventor

NAME OF INVENTOR

\_\_\_\_\_  
Signature of inventor

NAME OF INVENTOR

\_\_\_\_\_  
Signature of inventor

September 18, 2000

Date

Date

Date